

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
APR 22 2013

Permit #:	13-0148
Date:	6-21-13
Amount Paid:	\$175 4.80-13
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept. HOW DO I FIND OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Jill Schermer</u>	Mailing Address: <u>55355 N Delta Rd Drummond, WI 54832</u>	City/State/Zip: <u>Drummond, WI 54832</u>	Telephone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Craig Marthey</u>	Agent Phone: <u>715-739-6449</u>	Agent Mailing Address (include City/State/Zip): <u>P.O. Box 130 Drummond, WI 54832</u>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <u>NW 1/4, SW 1/4</u>	Legal Description: (Use Tax Statement) _____	PIN: (23 digits) <u>04-018-2-45-08-14-3 02-000-1000</u>	Recorded Document (i.e. Property Ownership) Volume <u>785</u> Page(s) <u>450</u>
Section <u>14</u> , Township <u>45</u> N, Range <u>8</u> W	Town of: <u>Drummond</u>	Lot Size _____	Acres <u>40.634</u>

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ _____	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Com</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> Existing	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>110</u>	Width: <u>30</u>	Height: <u>10</u>
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<input type="checkbox"/> X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X)	
	<input type="checkbox"/> with Loft	(<input type="checkbox"/> X)	
	<input type="checkbox"/> with a Porch	(<input type="checkbox"/> X)	
	<input type="checkbox"/> with (2 nd) Deck	(<input type="checkbox"/> X)	
	<input type="checkbox"/> with a Deck	(<input type="checkbox"/> X)	
	<input type="checkbox"/> with (2 nd) Deck	(<input type="checkbox"/> X)	
	<input type="checkbox"/> with Attached Garage	(<input type="checkbox"/> X)	
	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X)	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(<input type="checkbox"/> X)	
	<input type="checkbox"/> Addition/Alteration (specify) _____	(<input type="checkbox"/> X)	
	<input type="checkbox"/> Accessory Building (specify) _____	(<input type="checkbox"/> X)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X)	
	<input checked="" type="checkbox"/> Special Use: (explain) <u>Class A - Short Term Rental</u>	(<input type="checkbox"/> X)	
	<input type="checkbox"/> Conditional Use: (explain) _____	(<input type="checkbox"/> X)	
	<input type="checkbox"/> Other: (explain) _____	(<input type="checkbox"/> X)	

Rec'd for Issuance
JUN 21 2013

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
and/or fines. The applicant, including any accompanying information has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) and (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) and (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature]
(If there are Multiple Owners listed on the Deed ALL Owners must sign or letters(s) of authorization must accompany this application)

Authorized Agent: [Signature]
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 52150 Wisconsin Ave, Box 130, Drummond, WI

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE 54832

Date 3/14/2013
Date 3/8/2013
Attach ✓

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attached

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1,000 ft Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	1,000 ft Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	700 ft Feet		
Setback from the South Lot Line	400 ft Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	600 ft Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	500 ft Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	10 Feet	Setback to Well	15 Feet
Setback to Drain Field	30 Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 220995	# of bedrooms: 2	Sanitary Dist: 818194			
Permit Denied (Date):	Reason for Denial:						
Permit #: 13-0145	Permit Date: 6-21-13						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA					
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA					
Inspection Record:							
Structure is existing. Metal roof boiler.							
Date of Inspection: 4-25-13	Inspected by: M. Furtado	Zoning District (F-1)					
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Lakes Classification (NA)					
Date of Re-Inspection:		Date of Approval: 4-26-13					
Signature of Inspector: Michael Furtado							
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>							

Sheld County, WI

Shartner Aerial Map



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
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PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp: MAY 31 2013
Bayfield Co. Zoning Dept.

Permit #:	13-0146	ENTERED #75
Date:	6-21-13	
Amount Paid:	\$75	
Refund:	6-20-13	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVATE		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER			
Owner's Name: Bruce & Anne Parker		Mailing Address: 5904 Oaklewn Ave		City/State/Zip: Edina, MN 55424		Telephone:		Cell Phone: 612 237-8607		Plumber Phone:		Written Authorization Attached Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Address of Property: 46850 Bruce Mena Rd		City/State/Zip: Downward, WI 54833		Contractor Phone: 794-2685		Plumber:		Agent Mailing Address (include City/State/Zip):		Recorded Document (i.e. Property Ownership) Volume 948		Page(s) 133			
Contractor: Scott Haan		Agent Phone: 794-2685		Agent Mailing Address (include City/State/Zip):		Recorded Document (i.e. Property Ownership) Volume 948		Page(s) 133		Subdivision:		Acreage 4.611			
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Scott Haan		PIN: (23 digits) 04-018-2-44-07-31-1-03-000-30000		Recorded Document (i.e. Property Ownership) Volume 948		Page(s) 133		Subdivision:		Acreage 4.611		Is Property in Floodplain Zone? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Are Wetlands Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
PROJECT LOCATION NW 1/4, NE 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.		Subdivision:	
Section 31, Township 44 N, Range 7 W		Town of: Downward		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet	
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet	
<input type="checkbox"/> Non-Shoreland		<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet	

Value at Time of Completion * include donated time & material \$25,000	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water	City								
								<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> (New) Sanitary	Specify Type: <u>Clean</u>	<input checked="" type="checkbox"/> Well
								<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> Sanitary (Exists)	Specify Type: <u>Clean</u>	<input type="checkbox"/> City	
								<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3 Season	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: <u>Clean</u>	<input type="checkbox"/> City	
								<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 100m	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None								

Existing Structure: (if permit being applied for is relevant to it)	Length: 18'	Width: 15'	Height: 12'
Proposed Construction:	Length: 18'	Width: 15'	Height: 12'

Proposed Use	Principal Structure (first structure on property)	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	with Loft	() X ()	() X ()	() X ()
	with a Porch	() X ()	() X ()	() X ()
	with (2 nd) Porch	() X ()	() X ()	() X ()
	with a Deck	() X ()	() X ()	() X ()
	with (2 nd) Deck	() X ()	() X ()	() X ()
	with Attached Garage	() X ()	() X ()	() X ()
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	() X ()	() X ()
	Mobile Home (manufactured date)	() X ()	() X ()	() X ()
	Addition/Alteration (specify) 3 Season Room	(18 X 15)	270	() X ()
	Accessory Building (specify)	() X ()	() X ()	() X ()
Accessory Building Addition/Alteration (specify)	() X ()	() X ()	() X ()	
Rec'd for Issuance	Special Use: (explain)	() X ()	() X ()	() X ()
Conditional Use: (explain)	() X ()	() X ()	() X ()	() X ()
Other: (explain)	() X ()	() X ()	() X ()	() X ()

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I, Scott Haan, (applicant) (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) may be a result of Bayfield County relying on this information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which above described property at any reasonable time for the purpose of inspection.

Owner(s): (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Scott Haan (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: Scott Haan, 23055 Missionary Pt. Circle, Cable, WI 54881
Date: 5-30-13
Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Show Location of:**
 Show / Indicate:
 (1) Show location of (*):
 (2) Show:
 (3) Show:
 (4) Show any (*):
 (5) Show any (*):
 (6) Show any (*):
 (7) Show any (*):
- Proposed Construction**
 North (N) on Plot Plan
 (*) Driveway and (*) Frontage Road (Name Frontage Road)
 All Existing Structures on your Property
 (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 (*) Wetlands; or (*) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	450+ Feet	Setback from the Lake (ordinary high-water mark)	100 Feet
Setback from the Established Right-of-Way	450+ Feet	Setback from the River, Stream, Creek	N/A Feet
Blue River Rd.		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	170+ Feet	Setback from Wetland	N/A Feet
Setback from the South Lot Line	100 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the West Lot Line	N/A Feet	Elevation of Floodplain	N/A Feet
Setback from the East Lot Line	200+ Feet	Setback to Well	9' Feet
Setback to Septic Tank or Holding Tank	22' Feet		
Setback to Drain Field	40 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code
 The local Town, Village, City, State or Federal agencies may also require permits. **EH115# 49-13**

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 13-0146	Permit Date: 6-21-13			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Meets all setbacks.				
Date of Inspection: 6-13-13	Inspected by: M. Fucile			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)				
Signature of Inspector: Michael Fucile				Date of Approval: 6-14-13
Hold For Sanitary: <input checked="" type="checkbox"/> 501 Botting Sys. Eval.	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

County, WI

Aerial Map



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SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
JUN 20 2013

Permit #:	13-0147	ENTERED
Date:	6-21-13	
Amount Paid:	\$780	6-20-13
Refund:		

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: <u>Raymond & Kathleen Lorenz</u>		Mailing Address: <u>255 Mainview Dr</u>		City/State/Zip: <u>River Falls, WI 54022</u>		Telephone: <u>765 499-2717</u>		
Address of Property: <u>XXX Seawill Lane</u>		City/State/Zip: <u>Drummond, WI 54832</u>		Plumber: <u>Plumber</u>		Plumber Phone: <u></u>		
Contractor: <u>Tim DeChant</u>		Contractor Phone: <u>715 492-9918</u>		Agent Mailing Address (include City/State/Zip): <u></u>		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Tim DeChant</u>		Agent Phone: <u>715 492-9918</u>		Recorded Document: (i.e. Property Ownership) <u>Volume 952 Page(s) 204</u>				
PROJECT LOCATION: <u>1/4, 1/4</u>		Gov't Lot: <u>1</u>	Lot(s): <u>4</u>	CSM: <u>1013</u>	Vol & Page: <u>6, 311</u>	Lot(s) No.: <u></u>	Block(s) No.: <u></u>	Subdivision: <u></u>
Section <u>33</u> , Township <u>45</u> N, Range <u>7</u> W		Town of: <u>Drummond</u>		Lot Size: <u></u>		Acreage: <u>1.94</u>		

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	<input type="checkbox"/> Distance Structure is from Shoreline: <u></u> feet	<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	<input type="checkbox"/> Distance Structure is from Shoreline: <u></u> feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material: <u>\$240,000</u>	Project (What are you applying for): <input checked="" type="checkbox"/> New Construction	# of Stories and/or basement: <input checked="" type="checkbox"/> 1-Story	Use: <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	# of bedrooms: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	What Type of Sewer/Sanitary System Is on the property? <input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input type="checkbox"/> Foundation <input type="checkbox"/> Composite Toilet <input type="checkbox"/> None	Water: <input checked="" type="checkbox"/> City <input type="checkbox"/> Well
---	---	---	---	--	--	---

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>66'</u>	Width: <u>34'</u>	Height: <u>24'</u>
Proposed Construction:	Length: <u>66'</u>	Width: <u>34'</u>	Height: <u>24'</u>

Proposed Use: <input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	Dimensions	Square Footage
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<u>(66 x 34)</u>	<u>2,244</u>
<input checked="" type="checkbox"/> Commercial Use	with Loft	<u>(14 x 18)</u>	<u>252</u>
	with (2 nd) Porch	<u>(8 x 6)</u>	<u>48</u>
<input type="checkbox"/> Municipal Use	with (2 nd) Deck	<u>(10 x 32)</u>	<u>320</u>
	with Attached Garage 3rd deck	<u>(8 x 6)</u>	<u>48</u>
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u></u>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	<u>()</u>	<u>()</u>
	Mobile Home (manufactured date) <u></u>	<u>()</u>	<u>()</u>
<input type="checkbox"/> Accessory Building (specify) <u></u>	Addition/Alteration (specify) <u></u>	<u>()</u>	<u>()</u>
	Accessory Building (specify) <u></u>	<u>()</u>	<u>()</u>
Rec'd for Issuance	Special Use: (explain) <u></u>	<u>()</u>	<u>()</u>
	Conditional Use: (explain) <u></u>	<u>()</u>	<u>()</u>
Secretarial Staff	Other: (explain) <u></u>	<u>()</u>	<u>()</u>

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) and (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) and (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Tim DeChant (if there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Tim DeChant (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: PO Box 216, Drummond, WI 54832

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Look Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
<u>Private Easement rd.</u>			
Setback from the Centerline of Platted Road	90' Feet	Setback from the Lake (ordinary high-water mark)	130' Feet
Setback from the Established Right-of-Way	NA Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	80' Feet		
Setback from the South Lot Line	30' Feet	Setback from Wetland	100' Feet
Setback from the West Lot Line	NA Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	City Feet		
Setback to Privy (Portable, Composting)	NA Feet		
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.			
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.			

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>13-0147</u>		Permit Date: <u>6-21-13</u>		
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: <u>Well Staked. Metal all setbacks.</u>		Zoning District (RRB) Lakes Classification (2)		
Date of Inspection: <u>6-18-13</u>		Inspected by: <u>M. Fustak</u>		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)				
Signature of Inspector: <u>Michael Fustak</u>				
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
				Hold For Fees: <input type="checkbox"/>
				Date of Approval: <u>6-20-13</u>

98 OCT 13 PM 3 27

444560

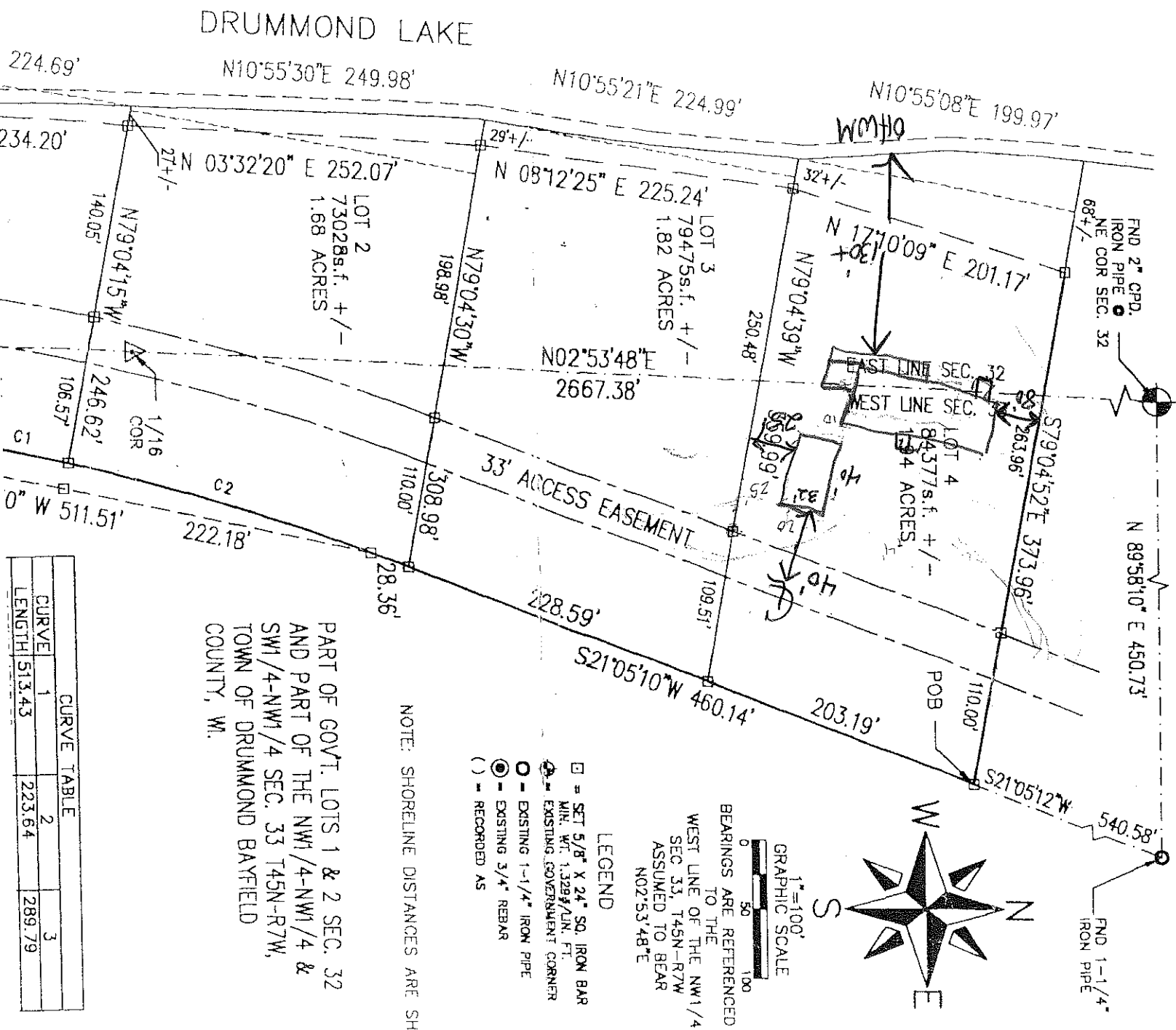
REGISTER'S OFFICE/S.S.
BAYFIELD COUNTY, WIS.

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CLIENT: ROBERT JOHNSON

APEX SURVEYORS
PO BOX 607
HAYWARD, WI 54843
715-634-3435

BAYFIELD COUNTY CERTIFIED SURVEY MAP # 001013



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT

BAYFIELD COUNTY, WISCONSIN

Date Stamp (received)

JUN 20 2013

Bayfield Co. Zoning Dept.

\$ 90

Permit #:

13-014818-1

Date:

6-21-13

Amount Paid:

\$90

Refund:

6-20-13

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED →	<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER			
Owner's Name:	Raymond & Kathleen Lorenz			Mailing Address:		City/State/Zip:		Telephone: 765		
Address of Property:	XXX Sawmill Lane			City/State/Zip:		255 Plain View Dr. River Falls, WI 54022		Cell Phone: 499-2717		
Contractor:	Tim DeChant			Contractor Phone:		492-9988		Plumber:		
Authorized Agent: (person signing Application on behalf of Owner(s))	Tim DeChant			Agent Phone:		492-9918		Agent Mailing Address (include City/State/Zip):		
PROJECT LOCATION	Legal Description: (Use Tax Statement)			PIN: (23 digits)			Recorded Document: (i.e. Property Ownership)			
1/4, _____ 1/4	Gov't Lot	1	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	Volume 952	Page(s) 204
Section 33, Township 45 N, Range 7 W	Town of Drummond			Lot Size			Acreage 1.94			

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	<input type="checkbox"/> If Yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	<input type="checkbox"/> If Yes—continue →	Distance Structure is from Shoreline: _____ feet				

Value at Time of Completion * Include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 30,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input checked="" type="checkbox"/> Municipal/City	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> (New) Sanitary	
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: 40	Width: 32	Height: 16'
Proposed Construction:			

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
<input type="checkbox"/> with Loft	<input type="checkbox"/>	with a Porch	(X)	
<input type="checkbox"/> with (2 nd) Porch	<input type="checkbox"/>	with a Deck	(X)	
<input type="checkbox"/> with (2 nd) Deck	<input type="checkbox"/>	with Attached Garage	(X)	
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
<input type="checkbox"/> Addition/Alteration (specify)	<input type="checkbox"/>	Accessory Building (specify) garage	(40 x 32)	1280
<input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input checked="" type="checkbox"/>	Accessory Building Addition/Alteration (specify)	(X)	
<input type="checkbox"/> Special Use: (explain)	<input type="checkbox"/>	Conditional Use: (explain)	(X)	
<input type="checkbox"/> Other: (explain)	<input type="checkbox"/>		(X)	
Rec'd for Issuance				
JUN 21 2013				
Secretarial Staff				

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date: 6-18-13
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: Tim DeChant, P.O. Box 216, Drummond, WI
Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

54832

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

See below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
<u>Private easement rd.</u>			
Setback from the Centerline of Platted Road	40+ Feet	Setback from the Lake (ordinary high-water mark)	160+ Feet
Setback from the Established Right-of-Way	NA Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	140+ Feet		
Setback from the South Lot Line	25 Feet	Setback from Wetland	70+ Feet
Setback from the West Lot Line	NA Feet	Setback from 20% Slope Area	0 Feet
Setback from the East Lot Line	NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	city Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>13-0148</u>		Permit Date: <u>6-21-13</u>		
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> (Deed of Record) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record: <u>Well stake! Metals all setbacks.</u>		Zoning District (RRB) Lakes Classification (2)		
Date of inspection: <u>6-18-13</u>		Inspected by: <u>M. Furtak</u>		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection:		
<u>No water under pressure in structure.</u>				
<u>May not be used for human habitation.</u>				
Signature of Inspector: <u>Michael Furtak</u>		Date of Approval: <u>6-20-13</u>		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

38 OCT 13 PM 3 27

444560

REGISTER'S OFFICE/S.S.
BAYFIELD COUNTY, WIS.

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CLIENT: ROBERT JOHNSON

APEX SURVEYORS
PO BOX 607
HAYWARD, WI 54843
715-634-3435

BAYFIELD COUNTY CERTIFIED SURVEY MAP # 001013

